Medical Direction Committee Minutes
Richmond Marriott West
July 12, 2007
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Dave Garth, M.D.	Norman Rexrode, M.D.	Michael Berg	Keltcie Delamar
Asher Brand, M.D.	Cheryl Haas, M.D.	Tom Nevetral	Linda Johnson
George Lindbeck, M.D.	Kenneth Palys, M.D.	Scott Winston	Holly Sturdevant
Allen Yee, M.D.	Barry Knapp, M.D.	Greg Neiman	Deborah Akers
Cheryl Lawson, M.D.	David Lander, M.D.	Chad Blosser	David Cullen
Theresa Guins, M.D.	John Potter, M.D.	Warren Short	Heidi Hooker
James Dudley, M.D.	Drew Garvie, M.D.		Becky Callaway
Mark Franke, MD.	Janet Henderson, M.D.		Shaun Carpenter
Charles Lane, M.D.	Sabina Braithwaite, M.D. (excused)		George Brown
Scott Weir, M.D.	Ace Ernst, M.D. (excused)		
	Mark Franke, MD.		
	Dave Garth, M.D.		
	Peter Bruzzo, M.D. (excused)		
	Bethany Cummings, D.O. (excused)		
	Stewart Martin, M.D. (excused)		
	William Hauda, M.D.		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	James Dudley, M.D. called the meeting to order at 10:35 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	The minutes from the April 12, 2007 meeting were approved.	**Motion to accept the minutes as recorded and …Motion Passed**
4. NEW BUSINESS		
a. Medical Error Prevention and Reporting System (MEPARS)	Robert Gwinn, M.D. made a presentation on the MEPARS system which was developed to reduce adverse events in EMS and improve the process of safe and efficient delivery of medical care. It is based on the "aviation model" (crew interventions & equipment). How does it work? • EMS Agency subscribes to MEPARS • Event occurs • Submit report (provider begins self-directed remediation by submitting the report) • Confirmation is returned to the provider • Provider interviewed	

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	• Report is sanitized (published on the website) The fee is based on the run volume of the agency (small agency ($100), medium, large system) Richmond would cost about $5,000.00.	
b. Cyanokit (hydroxocobalamin) Antidote (Dey®)	Rosemarie Vertullo, Dey Account Executive & Davida J. White Pettaway, M.D. made a brief presentation on the Cyanokit. The Cyanokit is designed specifically to be used on the scene or at the hospital from acute cyanide poisoning from any source. Dey® recommends that it be carried on the primary response ambulance. The cost to wholesalers is $650, it could be less.	**Motion by Scott Weir, M.D. to add Hydroxocobalamin to the *Medications Schedule* as an "optional" medication for the Enhanced, Intermediate & Paramedic levels. Seconded by George Lindbeck…Motion Passed.**
c. Medications & Procedures Schedules Update	The following issues were discussed in reference to the Medication & Skills Schedules: 1. Should adult intubation be an "essentials" skill for Enhanced or moved to "optional"? **LINE 21** 2. End tidal CO2 (quantitative) is optional for EMT-I, in an opinion of an ED physician, capnography is a must for anyone placing an invasive airway. **LINE 45** 3. Multilumen or LMA is optional, in an opinion of an ED physician, all providers that can intubate need to be trained to place a rescue airway. Should this be listed as supraglottic airways or include King LT airways? **LINE 52** 4. 12 lead EKG obtain/interpret, should we move toward making this an essential? There is growing data that prehospital 12 lead programs decrease door to needle times. **LINE 58** 5. Intraosseus IV adult, should we also move toward making this an essential skill? AHA recommends IO meds before ETT **LINE 68**	**MOTION: George Lindbeck made a motion to have the Professional Development Committee (PDC) review the MDC recommendation that ~~Adult~~ Endotracheal Intubation (~~Adult~~ E.T.) be removed from the Skills Schedule as an "essential" and "optional" skill at the EMT-Basic and EMT-Enhanced levels. Seconded by Charles Lane, M.D…Motion Passed.** **RECOMMENDATIONS** **#21 and #38 removed as "essential" & "optional" from the EMT-Basic & Enhanced levels.** **#45 Quantitative End Tidal CO2 be added as an Intermediate "essential" skill.** **#52 Multilumen (combitube/PtL) or LMA be made "essential" for Intermediate level and "optional" for the Enhanced level. Recommend that this be called "Supraglottic airways" in place of Multilumen (combitube/PtL) or**

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		LMA. **#58 12 Lead EKG obtain/interpret be made "essential" at the Intermediate & Paramedic levels.** **#68 Intraosseous IV – adult be made "essential" for Enhanced, Intermediate & Paramedic levels. Be made "optional" EMT-Basic level.**
d. Emergency Custody Orders Discussion	Discussion on the education of Magistrates in various areas of the Commonwealth has created some sporadic issues for some EMS regions. It appears that the issue is one of education of the magistrates even in spite of a specific form and the process being addressed in the magistrate's educational manual which requires all magistrates to keep the manual current when new laws are passed.	**Asher Brand, M.D. and George Lindbeck, M.D. agreed to draft a letter from the MDC that will address the inconsistencies of the current system and how response depends on the locality. It was recommended that the letter be sent to the Virginia tech Board as well as a copy to the Virginia General Assembly.**
e. Statewide Data "Registry"	Allen Yee, M.D. inquired about the utilization of statewide data that would benefit in the evaluation of the EMS system in general and for the evaluation of "high risk/low frequency" events. The Office needs to be driven by data derived from the Prehospital Patient Care Reports (PPCR).	
f. Process Improvement Committee	Allen Yee, M.D. emphasized the importance of the Process Improvement Committee to meet and have regional EMS QI members come up with a blueprint for priorities to be addressed. Allen Yee, M.D. stated that he will devise a plan for action. It was suggested that two separate Bulletin Boards be provided, one for physicians and one for EMS providers to discuss issues of EMS importance. It was also suggested that there be a Medical Director Forum on the web so that physicians can look at their agency issues (providers, continuing education, citations, etc.).	**Debbie Akers from Western Virginia EMS Council advised that the WVEMS Council can set up a discussion board for the State Office of EMS that could be pass word protected. There could be a Council to Council discussion board and a Physician to Physician discussion board.**
g. EMS Provider Education	The draft version of the *National EMS Education Standards* for the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic certification levels. The development of the National EMS Education Standards is an important step toward implementing the vision outlined in *the EMS Education Agenda for the Future: A Systems Approach.* The *Standards* will eventually replace the current U.S. Department of Transportation's National Standard Curricula. Please view the National Standard Curricula and the	

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	Instructor Guidelines (IG) by viewing the following site and your are urge to submit your comments: http://www.nemsed.org/draft_standards/index.cfm	
h. Model State Law for Disaster Volunteers	"The greater public interest would be served by taking legislative measures to encourage an adequate supply of registered, skilled volunteers in the next catastrophic disaster. It is imperative that the Commissioners approve proposed Alternatives A of Section 11 and proposed Section 12. Together, they provide strong and necessary protections for volunteer health practitioners and their host and source entities when responding to disasters." Should we have non-liability without options?	**Please review the letter dated June 1, 2007 to Raymond R. Pepe, Esq. as well as the *Uniform Emergency Volunteers Health Services Act* in preparation for discussion at the next MDC meeting.**
5. OLD BUSINESS		
a. AHA/VDH Stroke Systems Plan Update	The Stroke Workgroup being convened by the Joint Commission on Health Care has met twice and will meet once more this summer to finish their task of identifying policy change recommendations to be presented to the General Assembly for next session. Policy areas already considered favorably include recognition of The Joint Commission's Primary Stroke Center certification as Virginia's accepted standard, and the need for a standing Stroke Task Force. Acute Stroke Hospital Roles map provided, which overlays with Sabina's stroke data map. These tools can be used for strategic planning and building of networks between providers. Electronic version of map attached for sharing with EMS Councils. Standardized EMS Training (**"Stroke and Intracranial Hemorrhage"**) development is completed, a collaboration between OEMS, AHA/ASA, and Hanover Fire and EMS. We are currently in production to be able to provide on DVD to all instructors in the state; the curriculum is slated to be one of the first pilot programs offered on TRAIN.	
b. National Scope of Practice Certification Levels Impact on Virginia EMS System	The Medical Direction Committee asked that the link for the National Scope of Practice Survey be sent for a second time to all committee members in the event that any members who may be interested in submitting questions for the survey can do so before the September 1st deadline. http://www.zoomerang.com/recipient/survey.zgi?p=U26VCDQ9GAHU	
c. STEMI Project	ST Elevation Myocardial Infarction (STEMI) Project report was given by James Dudley, M.D. who chairs the sub-committee who is researching the STEMI project. STEMI Programs are being initiated across the Commonwealth however; currently there is little coordination of efforts or method of analyzing the data from the programs. The goal is to get the various programs together in an effort to enable them to share data.	

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	Looking at having one or two key people (hospital, OEMS, etc.) identify a program and then have a summit to devise a system to collect data for STEMI.	
6. ALS Training Funds & Accreditation Update	In addition to disbursing more than $800,000 in grant monies for ALS training programs, the Office was also in a unique position to be able to purchase and distribute Laerdal Simbaby™ advanced pediatric training simulators to all accredited training sites across the Commonwealth. The Office has also ordered twenty-eight computerized IV manikins for each of the accredited training sites.	
7. Curriculum Review		
a. ALS	The Intermediate Curriculum Committee came up with several recommendations for the MDC to consider: • Recommendation to increase the didactic hours for an Intermediate program be increased from 204 to 292 hours. • Recommendation to change the present statement "Further, all recognized competencies must have occurred within one (1) year of the programs begin date" be increase to allow <u>two</u> years for prior experience. • Recommendation to allow the use of the SimMan and SimBaby manikins in place of a "live" patient to accomplish "the ability to ventilate an unintubated patient of all age groups." (Paramedic competency allows manikin use to meet these criteria, why not <u>Intermediate</u>?)	**<u>ACTION</u>: Issue tabled for further research.** **<u>ACTION</u>: Approved** **<u>ACTION</u>: Approved**
b. BLS	• Shaun Carpenter reported for the EMT-Basic Curriculum Committee advising MDC of the committee's work in updating the EMT-Basic curriculum which has not been updated since 1994. Work on this project is progressing well. James Dudley, M.D. reported that the Professional Development Committee decided to continue the suspension of the BLS/AED testing station and to remove the requirement to complete a Prehospital Patient Care Report (PPCR) during the trauma and medical practical stations.	
8. PUBLIC COMMENT	None	
9. GOOD OF THE ORDER	Scott Winston announced that the State EMS Medical Director position is progressing and the Office has requested that the position be a P/T wage position within the Office of EMS and the Office is awaiting approval. Scott anticipates that the approval process will take about 30 – 60 days.	
ADJOURNMENT	**NEXT MEETING October 18, 2007 10:30 A.M. *<u>Comfort Suites at Innsbrook</u>***	